AMENDMENT TRANSMITTAL LETTER						Docket No. 1560-0454PUS1	
Application No. 10/579,740 - Conf. #3500		Filing l May 18,		Examiner		Art Unit 2629	
Applicant(s): Yos	hikazu SAKAI						
	ANCE CONTR UTER PROGR		LIQUID CRY	/STAL DISPLAY DE	EVICE AN	D	
Commissioner for P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-145	ndment in the	above-identif	ied application.			
The fee has beer				• •			
		CLAIM	S AS AMEN	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	18	- 20 =		X		0.00	
Independent Claims	3	- 3 =		x		0.00	
Multiple Depend	Multiple Dependent Claims (check if applicable)					0.00	
Other fee (please specify):						0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
Please char	al fee is require ge Deposit Acc	count No)2-2448 j	Small Entity			
	copy of this she						
	ne amount of \$		· · · · · · · · · · · · · · · · · · ·	sed.			
				Deposit Account No	o. <u>02</u> -	-2448	
x Credit a	ny overpaymer	nt.					
Charles Gorens Attorney Reg. N	stein (ing or application	on processing	fees required under 3 Dated:	37 CFR 1.1 March 24		
BIRCH, STEWA 8110 Gatehouse P.O. Box 747 Falls Church, VA United States 703-205-8000	Road, Suite 100						